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Fill in this inforr	nation to identify your case:				only as d	irected in this form and	in Form
Debtor 1	<b>Ebonie Croxton</b>			2A-1Supp:			
Debtor 2 (Spouse, if filing)			1	■ 1. There is	no pres	umption of abuse	
	Bankruptcy Court for the: Eastern District of I	Pennsylvania	'	applies	will be m	o determine if a presurnade under <i>Chapter</i> 7	•
Case number				Calcula	ation (Offi	icial Form 122A-2).	
(if known)						does not apply now be service but it could ap	
				☐ Check if	this is a	n amended filing	
Official F	orm 122A - 1						
	7 Statement of Your Cur	rent Mor	nthly Inc	ome			04/20
<u> </u>	- Glatomont of Tour Gui		111119 1110				0-1/20
attach a separate case number (if k qualifying militar	and accurate as possible. If two married people at a sheet to this form. Include the line number to with the line state of the line state	nich the additior n a presumption	nal information a of abuse becau	applies. On the se you do not	top of ar	ny additional pages, wri narily consumer debts o	te your name and or because of
^	our marital and filing status? Check one onl	y.					
	arried. Fill out Column A, lines 2-11.						
	d and your spouse is filing with you. Fill ou			2-11.			
	d and your spouse is NOT filing with you. \	•	•				
☐ Livi	ng in the same household and are not legal	ly separated.	Fill out both Co	lumns A and	B, lines 2	2-11.	
pen	ng separately or are legally separated. Fill o alty of perjury that you and your spouse are le og apart for reasons that do not include evadin	gally separated	d under nonban	kruptcy law t	hat applie	es or that you and you	
101(10A). For the 6 months,	rage monthly income that you received from all sexample, if you are filing on September 15, the 6-months and divide the total lithe same rental property, put the income from that property.	onth period would by 6. Fill in the res	be March 1 throusult. Do not include	ugh August 31. de any income	If the amo amount m	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
•				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
<ol><li>Your gross payroll de</li></ol>	ss wages, salary, tips, bonuses, overtime, a ductions).	nd commission	ons (before all	\$	0.00	\$	
Column B	3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.					\$	
of you or from an ui and roomi	nts from any source which are regularly pa your dependents, including child support. nmarried partner, members of your household mates. Include regular contributions from a spo o not include payments you listed on line 3.	Include regular your depende	contributions nts, parents,	\$	0.00	\$	
	ne from operating a business, profession, o	or farm					
			otor 1				
Gross rec	eipts (before all deductions)	\$0.00					
Ordinary a	and necessary operating expenses	-\$					
Net month	nly income from a business, profession, or farm	n \$	Copy here ->	\$	0.00	\$	
6. Net incom	ne from rental and other real property						
			otor 1				
	eipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00	Camulana	<b>c</b>	0.00	¢.	
	nly income from rental or other real property	\$	Copy here ->		0.00	\$	
7. Interest, o	dividends, and royalties			\$	0.00	Ψ	

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Debtor 1 **Ebonie Croxton** Case number (if known)

					Debtor 1 De			Column B Debtor 2 or non-filing spouse							
8.	Unemp	oloyn	nent compensation	1				\$		0.00	\$				
	Do not the Soc	ente	r the amount if you decurity Act. Instead,	contend that the am list it here:			t under				<u>0.00                                  </u>				
	For y	ou <sub></sub>			\$	0.0	00_								
	For y	our :	spouse		\$										
9.	Pension benefit not includited United disability pay paid does no	unde unde ude a State ty, or id und ot exc	retirement income or the Social Security any compensation, pass Government in condeath of a member der chapter 61 of title ceed the amount of der any provision of	Do not include any Act. Also, except a pension, pay, annuit onnection with a district of the uniformed see 10, then include the tretired pay to which	y amount rece as stated in th ity, or allowand ability, combatervices. If you that pay only to you would ot	eived that was be next senter be paid by the t-related injur received any to the extent the herwise be er	nce, do e y or retired nat it	\$		0.00	\$				
10	Do not under t under t corona crime, a comper Govern death of	inclu he For virus a crim nsation nor a men	m all other sources de any benefits rece deral law relating to ational Emergencies disease 2019 (COV ne against humanity on pension, pay, and tin connection with nember of the unifor ge and put the total	eived under the Soc to the national emerg s Act (50 U.S.C. 160 (ID-19); payments r r, or international or inuity, or allowance a disability, combat med services. If nee	cial Security Acgency declare 01 et seq.) wit received as a value domestic terro paid by the Ut-related injury	ct; payments of by the Presch respect to twictim of a war orism; or inited States or disability,	made ident he r								
		No	ne					\$		0.00	\$				
								\$		0.00	\$				
		Tot	tal amounts from se	parate pages, if any	/.		+	\$		0.00	\$				
11	each co	olumi	our total current m  n. Then add the tota  rmine Whether the	I for Column A to th	ne total for Col		\$	0.0	00	<b>+</b> \$				0.0 current mon	
10	Calaul	-t- ·	accor accordant manth	ly income for the s	rear Fallow th	ann atamai									
12		•	our current month		•	•			_						
	12a. Co	ору у	our total current mo	nthly income from I	ine 11				Сору	line 11 l	nere=>	\$		0.0	0
	М	ultipl	y by 12 (the number	of months in a yea	ır)								x ´		
	12b. Th	ne res	sult is your annual ir	ncome for this part of	of the form							12b. \$		0.0	0
40	Calaul	-4- 41	ha madian family is	sama that annline	a ta vau Falla	w those stan									
13			he median family ir	• • • • • • • • • • • • • • • • • • • •			5.								
	Fill in th	ne sta	ate in which you live		F	PA									
	Fill in th	ne nu	ımber of people in y	our household.		2									
	To find	a list	edian family income t of applicable media . This list may also b	an income amounts	, go online usi	ing the link sp	ecified i	in the se	eparate	instruc	tions	13. \$	(	67,540.0	0
14	. How d	o the	lines compare?												
	14a.		Line 12b is less that	n or equal to line 1	3. On the top	of page 1, ch	eck box	1, Then	e is no	presum	nption of a	abuse.			
	14b.		Go to Part 3. Do No Line 12b is more th Go to Part 3 and fil	OT fill out or file Off an line 13. On the t	icial Form 122 top of page 1,	2A-2.							m 12	22A-2.	
Pari	t 3:	Sian	Below	. 53(1 5)111 122/1-2.											
			ning here, I declare u	under penalty of per	riury that the in	nformation on	this sta	atement	and in	any atta	achments	is true a	nd c	orrect.	
	-	_		, , , , , , , , , , , , , , , , , , ,	,. ,					,					
	X.		Ebonie Croxton onie Croxton			_									
		EDC	ALIC CLOXIOLI	<b>0</b> 1 4											_

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Debtor 1	Ebonie Croxton	Case number (if known)	
	Signature of Debtor 1		
Da	November 7, 2020  MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this for	m.	